

BOARD OF VETERINARY MEDICINE
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CHANGE OF NAME FORM

Please use this form to effect an official name change on Board records. Complete this form and submit to Board office **with a copy of the document that legally changes your name.** Allow three days from receipt of these documents in the Board office before name change will appear on-line.

Name of Licensee: _____

License Number: _____ Day Phone: _____

Fax Number: _____ E-mail Address: _____

OLD NAME: _____

NEW NAME: _____

LICENSEE SIGNATURE: _____